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Bib Data Sheet

CONFIRMATION NO. 8010

<b>SERIAL NUMBER</b> 09/205,251	<b>FILING OR 371(c) DATE</b> 12/04/1998 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> INTRUS-4	
<b>APPLICANTS</b> IRVING K. ARENBERG, ENGLEWOOD, CO; MICHAEL H. ARENBERG, ENGLEWOOD, CO; CHRISTINE LEMKE, DENVER, CO; JOHN A. BERGLUND, LAFAYETTE, CO;					
<b>** CONTINUING DATA *****</b> <i>none</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/04/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>Examiner's Signature</i> Initials		<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 31498					
<b>TITLE</b> CONTROLLED RELEASE SYSTEM FOR DELIVERING THERAPEUTIC AGENTS INTO THE INNER EAR					
<b>FILING FEE RECEIVED</b> 846	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		